

Department of State Health Services
Council Work Session Agenda Memo for State Health Services Council
June 12, 2013

Agenda Item Title: New rules concerning a Home and Community-based Services (HCBS) Program for individuals with extended tenure in state mental health facilities

Agenda Number: 3.a

Recommended Council Action:

☒ For Discussion Only

☐ For Discussion and Action by the Council

Background:

The Mental Health and Substance Abuse (MHSA) Division, Program Services Section, develops and implements programs concerning the provision of mental health community services. The Division develops standards to ensure that the 37 local mental health authorities (LMHAs) and one managed care organization that contract directly with the Department of State Health Services (DSHS) provide appropriate, adequate mental health services to the citizens of Texas. The MHSA Division, State Hospitals Section, provides guidance and direction in the provision of evidence-based healthcare treatment and services for ten state mental health hospitals and one infectious diseases hospital.

A number of individuals have resided in state mental health facilities (SMHFs) for extended periods of time, in some cases, for years. These individuals no longer require an inpatient level of treatment, but need specialized supports that are not available through existing community-based mental health and disability programs. Characteristics of this population include:

- A history of unstable housing / homelessness;
- Co-occurring physical health issues including hypertension, obesity, diabetes, high cholesterol, mobility impairment, and suspected developmental disabilities;
- Cognitive issues including dementias, traumatic brain injuries, cognitive processing issues due to mental illness, and complex mental health diagnoses such as schizoaffective disorder; and
- Less family support than mental health clients in general.

DSHS and the Texas Health and Human Services Commission (HHSC) plan to submit a Medicaid state plan amendment under Sec. 1915(i) of the Social Security Act, as amended by the Affordable Care Act of 2010, which, if approved by the Centers for Medicare and Medicaid Services, would allow the State to obtain federal match to provide HCBS services to Medicaid eligible clients in this population. Some individuals in the targeted population are not qualified for Medicaid. Services for these individuals will be provided using general revenue funds appropriated for this program. DSHS estimates that maximum of 106 individuals will be served during the 2014-2015 biennium.

Summary:

The purpose of the new rules is to implement an HCBS program that includes residential assistance, assisted living, cognitive rehabilitative services, supported employment, transition assistance from institution to community, specialized therapies, short term respite, peer support, specialized substance abuse treatment services and medical / nursing assistance. DSHS will contract with HCBS provider agencies to provide the array of services included in the HCBS program. The rules set forth the purpose, eligibility criteria, individual plan of care and assessment requirements, and provider qualifications for the HCBS program.

Providing services to this population in the community instead of institutional settings supports recovery, which means that each individual with severe mental illness achieves and maintains the highest level of functioning and independence possible for that person. Recovery is a continual process. Some individuals with severe mental illness who initially relocate to more structured settings, such as group homes, could transition to more independent living situations, such as apartments and individual homes, as their recovery progresses. Other individuals may require structured supports over a more extended period of time.

Establishing an HCBS program for this population will free needed bed space in SMHFs to serve more individuals with more intense needs. However, it will not, in itself, reduce SMHF costs, since existing SMHF beds are needed to meet demand for services and thus would not be converted to HCBS slots.

Key Health Measures:

The new rules seek to improve outcomes for individuals with complex needs and mental illness by providing an array of supports and services that can be customized to the individual's needs. Outcome measures will be tracked and reported for program participants.

Proposed Metric	Data Source
<i>Number of people successfully relocated into the community annually.</i>	<i>Comparison of state facility census data in Avatar system to community mental health data system (CMBHS/CARE)</i>
<i>Number of people successfully living in the community annually.</i>	<i>Comparison of state facility census data in Avatar system to community mental health data system (CMBHS/CARE)</i>
<i>Functional status of individuals enrolled in HCBS program annually.</i>	<i>Adult Needs and Strengths Assessment (ANSA) – uniform assessment instrument for adult mental health services</i>
<i>Participant satisfaction with program.</i>	<i>Participant survey</i>

Summary of Input from Stakeholder Groups:

DSHS developed the HCBS option with a cross agency workgroup including HHSC, DSHS, and Department of Aging and Disability Services. Development was informed by stakeholder input gathered as part of the Continuity of Care Task Force, which was charged with developing recommendations for resolving barriers to discharging individuals with complex needs from state psychiatric facilities. The Task Force, which included LMHA leadership, advocates, consumers, law enforcement, judges, inpatient providers and agency staff, conducted public meetings, key informant interviews, meetings with key professional groups and four public forums in various locations of the state.

Additionally, the rules will be publicly vetted before stakeholders, including mental health advocates, providers, community mental health centers, the Texas Council of Community Mental Health Centers, and other interested parties over the summer of 2013.

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